PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 110053587

10-11-2021

Candidate or Committee Name (Do not abbreviate. Include full name)

(Committee to Elect Jo	el Kretz - Surplus	Funds A	ccount	:)			
Mailing Address City 127 N Wynne St Colville, WA							
Zip + 4 99114	Office Sought (Candidates) STATE REPRESENTAT		ection Da 21	te	*For PACs, Parties & this report period, did the		
Report Period From (last C-4	To (end of per	iod) Fir	nal Repo	t?			considered a contribution)
Covered 09/01/23	1 09/30/2	1 Ye	s No	х	supporting or opposing a	state or i	ocal candidate?
RECEIPTS		·			*See next page	Ye	s No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From line 8, la n or calendar year, see instruct	ast C-4) ion booklet)				···· <u>\$</u>	\$440,819.46
2. Cash received (From line 2, §	Schedule A)				\$ \$0.0	0	
3. In kind contributions received	I (From line 1, Schedule B)				\$0.0	0	
4. Total cash and in kind contrib	outions received this period (Li	ne 2 plus 3)					\$0.00
	5. Loan principal repayments made (From line 2, Schedule L)					00	
6. Corrections (From line 1 or 3, Schedule C)			Show	ı + or (-	\$0.0	0	
7. Net adjustments this period (Combine line 5 & 6)				Show + or	(-)	\$0.00
8. Total cash and in kind contrib	outions during campaign (Com	bine lines 1, 4	§ 7)				\$440,819.46
9. Total pledge payments due (I	From line 2, Schedule B)		\$0.	.00			
EXPENDITURES							
Previous total cash and in kin (If beginning a new campaigr	nd expenditures (From line 17, n or calendar year, see instruc	last C-4) tion booklet)				<u> </u>	\$430,019.86
11. Total cash expenditures (From	m line 4, Schedule A)				\$107.	40	
12. In kind expenditures (goods 8	& services) (From line 1, Sche	dule B)			··\$0.	00	
13. Total cash and in kind expend	ditures made this period (Line	11 plus line 12)				\$107.40
14. Loan principal repayments m	ade (From line 2, Schedule L)				··\$0.	00	
15. Corrections (From line 2 or 3,	, Schedule C)		Show	/ + or (-	\$0.	00	
16. Net adjustments this period (Combine lines 14 & 15)				Show + or	(-)	\$0.00
17. Total cash and in kind expend			3 and 16	6)			\$430,127.26
CANDIDATES ONLY Won Lost U		SUMMARY sh on hand (Lin	e 8 minu	s line 1	7)		\$10,692.20
[Line 18 should equal your bank account balan					, , , , , , , , , , , , , , , , , , , ,		
Primary election		19. Liabilities: (Sum of loans and debts owed)					\$0.00
Treasurer's Daytime Telephone N (509)684-4700	20. Balance (Surplus or deficit) (Line				18 minus line 19)		\$10,692.20
CERTIFICATION: I certify that the inf	formation herein and on accompar	ving schedules a	ind attach	ments is	s true and correct to the best of	f my know	ledge.
CERTIFICATION: I certify that the information herein and on accompanying schedule Candidate's Signature Date Tree			urer's Si			,	Date
JOEL KRETZ	10/11/2	1 Stev	teve Oswin				10/11/21

CASH RECEIPTS AND EXPENDITURE

SCHEDULE

4	
(93)	

Candidate or Committee Name (Do not abbreviate. Use full name.)

Report Date

Ou	naidate of Committee Hame	(Do not ab	ordinator doc rain marrior,				
(Cc	mmittee to Elect	Joel Kı	retz - Surplus I	Tunds Accou	nt)	09/01/21	09/30/21
1.	CASH RECEIPTS (Contribu	itions) whic	h have been reported on	C3. List each dep	osit made since last C4	report was submitted.	
Da	te of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
2.	TOTAL CASH RECEIPTS				Enter al	so on line 2 of C4\$	\$0.00
	CODES FOR CLASSIFYING	EXPEND	ITURES: If one of the follo	owing codes is use	ed to describe an expend	liture, no other descrip	tion is generally
	needed. The exceptions are:			•			
1)	If expenditures are in-kind	or earmar	<u>ked contributions</u> to a can	didate or committe	ee or <u>independent expen</u>	ditures that benefit a c	andidate or
	committee, identify the	e candidate	or committee in the Desc	ription block;			
2)	When reporting payments	to vendors	for travel expenses, iden	tify the traveler an	d travel purpose in the D	escription block; and	
3)	If expenditures are made	directly or i	ndirectly to compensate a	person or entity for	or soliciting signatures or	n a statewide initiative	or referendum

petition, use code "V" and provide the following information on an attached sheet: name and address of each person/entity compensated,

CODE **DEFINITIONS** ON NEXT PAGE

- amount paid each during the reporting period, and cumulative total paid all persons to date to gather signatures. C - Contributions (monetary, in-kind & transfers)
 - I Independent Expenditures
 - L Literature, Brochures, Printing
 - B Broadcast Advertising (Radio, TV)
 - N Newspaper and Periodical Advertising
 - O Other Advertising (yard signs, buttons, etc.)
 - V Voter Signature Gathering

- P Postage, Mailing Permits
- S Surveys and Polls
- F Fundraising Event Expenses
- T Travel, Accommodations, Meals M - Management/Consulting Services
- W Wages, Salaries, Benefits

Enter also on line 11 of C4

\$107.40

G - General Operation and Overhead

3. EXPENDITURES

4. TOTAL CASH EXPENDITURES

- a) Expenditures of \$50 or less, including those from petty cash, need not be itemized. Add up these expenditures and show the total in the amount column on the first line below..
- b) Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
- c) For each payment to a candidate, campaign worker, PR firm, advertising agency or credit card company, attach a list of detailed expenses or copies of receipts/invoices supporting the payment.

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	A	Amount
N/A	Expenses of \$50 or less	N/A	N/A		\$107.40
			Total from attached pag	es \$	\$0.00